

*'Eugenics is the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage.'*—SIR FRANCIS GALTON (1904)

# The Eugenics Review

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*Editor for the Society:* Mrs. K. Hodson

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## NOTES OF THE QUARTER

### SOCIAL AND GENETIC INFLUENCES ON LIFE AND DEATH

ONCE AGAIN THE Eugenics Society has endeavoured to bring together people who, from all kinds of viewpoints, are interested in the present state and in the future of mankind. With this object in view, the Society's third Symposium was concerned with the degree to which illness and mortality are hereditary and the influence upon them of the social environment. The extent to which it is possible to compare and contrast the relative effects of nature and nurture varies a good deal from one cause of sickness or death to another. In the main, the speakers concentrated either on the genetic aspects or on the medico-social ones, and while the time devoted to each aspect was fairly shared, differences of approach interfered to some extent with the balance. Nevertheless many of the lecturers showed either the present state of knowledge or the results of their latest researches, and it may well be that a new outlook is required if the social and genetic influences are to be quantitatively separated in all cases.

In the first session, devoted to conception, pregnancy and birth, the biological side was illustrated in a very stimulating manner by Professor Polani and Professor C. A. Clarke,

who spoke respectively of the causes and chances of chromosome abnormalities and of incompatibility in Rhesus blood groups. The choice of Professor Clarke as a speaker was especially happy because recently he appears to have found a way of preventing the ill-effects of this form of incompatibility. Professor Illsley and Professor McKeown were concerned with the effects respectively of family size on intelligence test score and of advances in medicine on the death rate before and after birth. It appears that there are reasonable prospects of halving the loss of foetuses and young children in due course, and perhaps it will be possible to do even better than this at some early periods of development.

The second and third sessions dealt with some of the major causes of illness. Dr. Spicer dealt with trends in mortality and showed that in the first year of life although the overall mortality had greatly diminished in recent years, the differential between the social classes still remained. Later in childhood, the increased death rate from congenital heart disease and leukaemia reflected the better control of infectious disease. The lowest death rate occurred from age five to fourteen, largely because rheumatic fever had become less prevalent, but from fifteen to twenty-four there was an enormous rise in deaths from road accidents, especially in young men with motorcycles. Even at this age, and from twenty-five to thirty-four, suicide became significant. From thirty-five to forty-four cancer of the lung was becoming important in men and cancer of the breast in

women, and this trend continued in later years when there was a rise in the rate for coronary heart disease in the male.

Professor Morris, discussing ischaemic heart disease, noted that it caused 30 per cent of male deaths in late middle life and was thus a serious matter economically in terms of loss of earnings and the payment of widows' pensions. He pointed out the different incidence of coronary disease in different races and said that it was becoming possible to predict those males who were especially at risk; even such simple estimations as the blood cholesterol and the casual systolic blood pressure were excellent indications of the group of men in whom coronary disease was likely to occur. Heavy cigarette smoking was also a factor.

Dr. Charles Fletcher, on cancer of the lung, said that it now accounted for 40 per cent of all deaths from cancer. He left us in no doubt whatever about the strength of the evidence against cigarette smoking as one of the major causes of this disease.

In the third session psychological causes of illness were considered. Professor Leighton spoke of his study of mental illness in a small town in the north-east of Canada and in a small area of Nigeria. The pattern of psychological illness was remarkably similar in these contrasting populations. Professor Rawnsley noted the different incidence of incapacity for work due to conditions such as bronchitis, arthritis, rheumatism, psychosis and psychological illness in different parts of the British Isles. South Wales, which had the highest incidence of psychological illness, also showed the highest incidence of incapacity for so-called somatic disease, but it seemed evident that the tendency to report symptoms and claim incapacity for work was rather a mental than a physical process. Professor Stengel considered the genetic and environmental factors which might lead to suicide and pointed out that a concentration of suicides in certain families did not necessarily prove that the tendency was genetically determined.

Professor Kessel briefly discussed the problems of the alcoholic which were now becoming so important in the more sophisticated areas of the world.

The fourth session was devoted to the consequences and causes of ageing, and began with an exposition by Mr. Cox of the effects on the individual and, in consequence, on the community and the magnitude of the social problems that arise as a consequence. Professor Roth referred to the psychiatric aspects of old age and, besides illustrating their incidence, speculated upon the contribution that genetic factors might have made. There is, indeed, some evidence of association with later periods of mental and social instability, but more often it appears to be the ageing process itself that has brought about the breakdown. The last two speakers, Mr. R. D. Clarke and Dr. M. J. Hollingsworth were both concerned with life tables and what they could show about the inheritance of both longevity and the causes of problems in old age. While both were very interesting, it would appear that the end of life presents peculiarly intractable problems of interpretation, no doubt because of the long period of exposure to environmental conditions that precedes it. Moreover, life tables do not give an easy guide to reasonable laws of mortality, or of wearing out, while experiments with animals fail to demonstrate that longevity is hereditary.

Like its predecessors in 1964 and 1965, the Symposium brought together a wealth of talent from all over the country, and outside it. Such surveys of the present state of knowledge in the fields important to eugenics are essential precursors of future development in this subject. It is hoped that not only will they point the way towards new research to be assisted by the Society, but also they will encourage fresh thinking on the part of others, and in particular remind biologists of social problems connected with the subject of their studies, and similarly remind sociologists of the biological aspects of their work.

## FEEDING BRITAIN

AT THE MEETING of the British Association for the Advancement of Science this year, references were made to the problems for agriculture created by the growth in British population, coupled with the increasing use of land for non-agricultural purposes. Professor Ellison, taking as his target the provision at home of one-half

of the national food requirements, referred to the need for a 30 per cent increase in output by the end of the century. This would call for research, for the exercise of scientific ingenuity, and for a continued tendency towards large-scale farming enterprise.

In microcosm, this is essentially the same as the world population problem. Whereas, however, it is clear that a slowing down of excessive growth is the best the world can hope for in the next decade or two, Sir Joseph Hutchinson, President of the Association, argued in favour of an actual *reduction* in British population. As a target figure, he set a total of only 40 million, or about three-quarters of the present numbers, though he conceded (with a degree of composure appropriate to a Cambridge man) that this might take two centuries to achieve.

It is interesting to note that this target figure of 40 million happens to be precisely the same as that proposed in a debate held by the Eugenics Society nine years ago, under the chairmanship of Sir Charles Darwin. The motion was "that the population of the United Kingdom should be stabilized at forty million".\* On that occasion there were some interesting exchanges, and as no vote was taken the outcome can perhaps reasonably be regarded as a drawn battle.

One important difference between the Society's discussion and Sir Joseph Hutchinson's proposal relates to the means of securing the transition. In introducing the debate, Dr. Blacker advocated a programme designed to raise fertility in Britain and promote emigration to the Commonwealth. Sir Joseph, on the other hand, suggested a reduction in fertility, and that we should accept as normal a family size of one or two, or occasionally three, children.

### What size of family?

The problem is, of course, that the family-building habits of parents are almost totally uninfluenced by demographic considerations. The biggest advances in the spread of family limitation in Britain, resulting in the establishment of the two-child family norm, occurred—in the late 1920s and early 1930s—against a background of public concern with the problem of

*under*-population and the alleged threat of "race suicide". In the 1960s, by contrast, a growing awareness of the dangers of over-population has been accompanied by suggestions—initiated by recent fertility trends in the US and amongst certain socio-economic groups in this country—of a likely future norm of three or four children per family in western societies.

Speculation on the basis of short-term trends, however, is notoriously hazardous. More relevant, perhaps, are projections based on the declared reproductive intentions of potential parents. Past comparisons of desired and actual family size have shown a lack of correlation between intention and achievement; but these studies have invariably been retrospective and concerned with couples who, having already completed their family building, might retain only vague notions about their intentions of twenty years earlier. Prospective studies, on the other hand, are free of these drawbacks. Moreover, it might reasonably be expected that the present generation of newly-weds, who have at their disposal a range of new or improved contraceptive devices and who must be birth control conscious to a degree, are more likely to achieve a closer approximation to their intentions than any previous generation of couples.

The interim findings of the first stage of such a study of couples who married in Hull during 1965 are of considerable interest in this connection. All couples so far interviewed have already made up their minds, not only on intended family size, but also on sex preferences and, though less firmly, on pregnancy spacing. In 80 per cent of cases there is complete agreement between husband and wife on the details of the proposed family.

As the Table shows, half the couples have decided on two children and a further quarter on three. The weighted average for the series corresponds very closely with the official forecast of 2.6 but represents a significant increase on the 2.2 average of a generation ago. In terms of Sir Joseph's thesis it is, in fact, catastrophic; this order of increase, projected over two centuries, would result in a population approaching four hundred, rather than forty, million.

It is worth noting, too, that the couples' declared notion of the size of the "ideal" family

\* See THE EUGENICS REVIEW, 1957-58, 49, 173-86.

considerably exceeds intended family size; there is a self-denying element in most parents' attitudes to family planning which could provide a basis for subsequent upward revision of intentions. Individual social mobility or improved economic circumstances would presumably provide the impetus since the reasons offered by the couples for this apparent divergence in their replies are invariably concerned with economic circumstances or personal security. Whatever the social or economic results of the Government's "freeze", its unintended demographic consequences may be as important as the oral contraceptive.

TABLE  
*Intended and ideal family size for survey couples\**

Children per family	Percentage of couples	
	Intended number	Ideal number
0	2.0	0.0
1	4.8	0.0
2	50.4	27.2
3	25.2	32.0
4	16.0	34.8
5	0.8	3.6
6+	0.8	2.4

\* The figures given are based on the results of the first 250 interviews.

### FALLING BIRTHS IN BRITAIN

THE NUMBERS OF births in England and Wales, which had climbed steadily from 700,000 in 1956 to 876,000 in 1964, fell slightly in 1965 to 862,000. In the first six months of 1966 there was a further fall of 10,000 in comparison with the corresponding half of 1965; the total for the year might be about 840,000 if this downward movement continues, and this would represent a fall of 4 per cent from the peak, or about one-fifth of the total rise over the past ten years. It would be a reduction as great as the increase during the two years 1962-64. The change thus begins to look significant now that it has continued for eighteen months.

Little evidence is available as to the cause of the change. A development of the magnitude in question could easily have come about as the result of a change in the timing of births without any alteration in basic fertility. Only in the

longer term will it be possible to ascertain the significance of and main reasons for the phenomenon that is currently being observed.

It is doubtful whether the newer, simpler contraceptive methods could have affected the birth rate in this country yet. Perhaps about 3 per cent of women of reproductive age are taking oral contraceptives. Because pills are so efficient they must have kept some women from becoming pregnant who would have done so using other methods, but as the pill takers are largely women who would in any case be using family planning measures it is questionable whether they have made much impact on the birth rate.

IUCDs were approved for use in FPA clinics only some eighteen months ago, and their introduction into clinics has been necessarily slow (because of training doctors) so that the number of patients having these inserted in 1965 would be quite small; 5,419 was the total number at the end of 1965 with another 2,000 or so in trials and at a generous estimate another 2,000 in private practice. Admittedly the numbers have been increasing this year, and will include many women who would not or could not use previous methods, but again the majority of patients in FPA and private practice are women who would in any case be taking responsible family planning measures. Although their use is beginning among problem families, the numbers involved are relatively small. In any case the birth rates in 1965 are affected by birth control methods used in 1964 before the IUCDs were used to any extent except at trials.

### ABORTION IN BRITAIN

DR. T. W. MEADE *writes*: It seems likely that Mr. David Steel's Bill on abortion will become law early next year. Its purpose is "to amend and clarify the law relating to termination of pregnancy by registered medical practitioners". It is clear that its main effect will be to regularize and codify what is, in effect, already practised by many obstetricians and gynaecologists. There is wide agreement that this is long overdue. But the Bill would not in general make it easier for women who want abortions to have them, and the term "legalized abortion", though perhaps accurate in a strict sense, has a connotation of

widespread and easy abortion on demand which the Bill does certainly not envisage.

In these circumstances, many of the familiar problems associated with abortion will continue, and will have to be dealt with. In enabling them to be looked at from many different viewpoints, the conference organized by the Family Planning Association on *Abortion in Britain*, held in April 1966 under the combined chairmanship of Lord Brain, Professor Douglas Hubble and Sir Robert Platt, was highly successful, and its organizers are to be warmly congratulated. The Conference Proceedings\* amply repay careful study.

The need for, and value of, a many-sided approach were convincingly demonstrated by Sir Dugald Baird, who discussed the lessons to be drawn from 203 women undergoing terminations in Aberdeen from 1961–63.† He left no doubt, for example, that social reasons for termination are often as important as medical ones. Also, the attitudes of the woman and her family to an unwanted pregnancy or an abortion may well influence the eventual outcome, and these attitudes are themselves often related to different social views and pressures. The not infrequent performance of post-partum sterilization, especially in the lower social classes, and of tubal ligation with hysterotomy provide evidence that dealing with a particular pregnancy which the doctor or family feel is undesirable is a problem with long-term as well as immediate implications. This point was made in other contexts by later speakers.

Risks to the child as grounds for abortion (and this is probably one of the areas in which the Bill, by allowing a substantial risk of serious physical or mental abnormality in the child as grounds for termination, would effect the greatest change in the law as it stands at present) were discussed by Dr. C. O. Carter under eugenic aspects, which he divided into medical genetic, and social. This problem is one that is attracting more and more attention as its recognition in law becomes more likely, and it was also mentioned by Dr. Lindesay Neustatter, one of the psychiatrists taking part, who felt that even

now the welfare of the unborn child is often insufficiently considered.

Perhaps the most startling contribution came from Mrs. Moya Woodside, a psychiatric social worker, who had interviewed forty-four convicted abortionists in Holloway Prison. Her conclusion was that these women "in their own social milieu . . . were not singled out for any special odium, and indeed were regarded as public benefactors", providing a much-needed service for humane and compassionate reasons. Professor Rhodes, in emphasizing the all too well-known difficulties in obtaining accurate figures for illegal abortions, and in comparing the hazards of such abortions with childbirth itself, concluded that "the aftermath of illegal abortion may not be so appalling as some have suggested". Thus, while we may not approve of the back street abortionist, we may have to change some of our current ideas about her. Dr. Weir, on the other hand, had little doubt that money and not compassion was the chief motive of these women.

The personal attitude of the doctor to abortion was a topic that several speakers brought up, and which aroused vigorous discussion. Both Professor Rhodes and Professor Morris made it clear that to many obstetricians and gynaecologists the actual performance of an abortion is a distasteful, messy and destructive operation; in addition, it carries its own limited but definite risks, and Professor Morris pointed out that it cannot be assumed to be free from adverse long-term effects, both mental and physical. It was on the question of the surgeon's own distaste for the operation that considerable criticism arose in the discussion held after the main papers, the chief objection being that it is the patient's feelings, not the surgeon's, that matter. Both viewpoints are understandable, but there was reluctance on the part of some speakers from the platform and the floor to acknowledge the possible dangers of therapeutic abortion, and that awareness of them is bound, justifiably, to colour the views of those who perform the operations.

Dr. Stuart Carne gave a graphic description of the frustration of the general practitioner, who feels he should be in a specially favourable position to advise and help a woman with an

\* London, 1966. *Pitman Medical*. Pp. x+125. Price 12s. 6d.

† See also pp. 195–204 of this issue of the REVIEW.

unwanted or potentially harmful pregnancy, yet finds that his ways of doing so are limited, and that eventually the matter is taken out of his hands. Dr. Tredgold and Dr. Neustatter stressed that from the psychiatrist's point of view changes in the law were badly needed, and Dr. Tredgold pointed out that in cases referred to the psychiatrist there was often little hard evidence easily available to him, and that problems of defining and measuring degrees of mental illness in a pregnant woman were often considerable.

Many contributions on the effects that more readily available advice on contraception might have on the need for legal and illegal abortion came from the main speakers and from the floor during the discussion, making up for the one gap that the official programme should perhaps have filled. Resolutions passed at the final session included the Conference's view that more freely available advice on, and materials for, contraception would in fact limit the need for therapeutic abortion; and the belief that termination of pregnancy, being necessary for a variety of reasons, should be made legal, and become accepted as a normal part of gynaecological practice under the National Health Service.

With the whole abortion question at its present critical stage, and with the FPA Conference in mind (as well as reports by the Royal College of Obstetricians and Gynaecologists, a committee of the Church Assembly, and the British Medical Association) it is sad that the Abortion Law Reform Association's *Survey on Abortion*, carried out by National Opinion Polls Ltd., should prove so disappointing. There is no doubt that the topic is still highly emotionally charged in the minds of many people; in these circumstances, it is not justifiable to draw any but the most general conclusions from a survey where only 2,132 out of 3,500 individuals sampled (a bare 61 per cent) reply, as they did in this case. Answers from the non-participating 39 per cent could easily, for a host of known and unknown reasons, entirely alter the sense of many of the reported findings. Thus the statement in the Association's special late summer edition of their *Newsletter* that this latest poll "revealed public opinion hardening in favour of reform" on the basis of a shift from 72.5 per cent to 75 per cent in favour of such reform, has no

real meaning. Criticisms of response rates in surveys are very easy to make, and not always justified or necessary, but in this case the importance of a high response rate is paramount. The Association and NOP are to be commended on attempting to discover what public opinion in this field is, but this survey only demonstrates the difficulties involved in doing so.

## THE POTENCY OF POPULATION POLICY

SOME INTERESTING LIGHT on the problems of assessing the effects of changes in population policy has been thrown by some recent public correspondence in France. The Minister for Health and Population addressed the following two questions to the National Institute for Demographic Studies:

1. Which legislative measures would be necessary to raise the birth rate in France?
2. What would be the effect on the birth rate if a more liberal policy concerning birth control were adopted?

These questions, in this order, seem rather odd. As was shown in the October 1964 issue of the REVIEW (56, 174), family size per couple is, on the average, somewhat larger in France than in Britain. Why, then, ask how to increase it still further? If this is the aim, why inquire at the same time about the effect of measures which would have the opposite effect? The Institute, in its reply,\* regarded the first question as the logical complement of the second: if, it said, a more liberal policy were adopted, then there would be a risk of a material fall in fertility, the effects of which could be serious; it would therefore be desirable to have, in reserve, powers which could be used to offset this fall.

This is a plausible interpretation of the motive behind the questions, but it is not clear whether the Institute had special knowledge of the motive, or whether it adopted its approach for other reasons. One such reason could be that it found it rather easier to answer the second question than the first. Indeed, it admits that this was so, and because of this the questions were answered

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\* *Population*, July-August, 1966, 21, p. 647.

in the reverse order. The second was dealt with in considerable detail, and many tables of figures were given on such matters as abortions, the pill, legitimate and illegitimate fertility and even marriage rates. The response to the second was relatively brief and unaccompanied by any numerical illustrations or estimates; reasonable suggestions were, however, made concerning housing and education (a general improvement in the provision of which would help to create surroundings in which larger families were desired), adjustments in the system of taxation and military service, better crèche and other facilities for married women at work, publicity, and so forth.

The Institute, being statistical in character, seemed to feel that its response on the first issue raised by the Minister was rather ineffective. True, no precise assessment of the effects of the various measures proposed seemed possible. Nevertheless, the suggestions themselves are reasonable and comprehensive. There seems little ground, therefore, for fears of inadequacy in this part of the Institute's memorandum. In contrast, the fuller treatment of the answer to the second question, though it contains some interesting detail, seems rather less satisfactory than the Institute appeared to think. The estimate which it gives of the numbers of induced abortions in France each year—250,000—is clearly very rough and ready, although a lot of space is accorded to this. At the end, it is confessed that what are really required are two large-scale special inquiries—one into the way in which couples plan their families, and the other into induced abortions. If this is so, and very probably it is, then the data required in order to measure the effects of any variation in official population policy are not yet available.

## OBITUARY

### Margaret Sanger

THE DEFINITION "birth control" was coined and first printed in 1914. Not long before, the printing of the words "gonorrhea" and "syphilis" in an American newspaper article led to its suppression. The fact that, long before 1966, these words were commonplace in English usage is to some extent due to the indomitable spirit

of Margaret Sanger who died in September at the age of eighty-two.

Her early work as a nurse in one of the poorest quarters of New York brought her face to face with the pitiable conditions under which young women lived, gave birth, sought abortions and, often, died—while "the rich knew all the tricks". Her efforts to help them to avoid pregnancy were nullified by the refusal of doctors and midwives to explain contraceptive methods to her or to the women who needed the knowledge; information on the subject was not available to her in the libraries she visited in Boston, New York and Washington.

After a visit to France, however, where, in her own words, "every married woman knew all there was to know about contraception", she returned to America with the information she needed and the drive and determination to defy the Comstock Laws and, in the event, to suffer eight terms of imprisonment.

These early pioneering days were the start of fifty years of work and achievement: birth control for American women led on to the concept of population control. Margaret Sanger organized the World Population Conference in Geneva in 1927 and edited the *Proceedings*; its President was Sir Bernard Mallet who, two years later, was to become President of the Eugenics Society. In 1948 she helped to form what is now the International Planned Parenthood Federation and was known as the Federation's Founder and President Emeritus.

DR. C. P. BLACKER writes: Who of our contemporaries will figure in world history? Which of the names which have resounded during our life-times will become fixtures in the accepted record of this disturbed century?

If the question were to-day aired by a brains trust or considered tomorrow by a historian, the names of Lenin, Hitler and Churchill would doubtless be pronounced. Also the names of men connected with aviation, television and planetary exploration—all products of the twentieth century. And if the future historian were to recognize the population explosion as one of the century's exhibits, he could scarcely omit the name of Margaret Sanger.

This remarkable woman made two impacts.

The first, mainly felt in the United States, was prepared between 1912 and 1939. Early experiences as a nurse in the poorest sections of New York sensitized her to the miseries caused by unregulated fertility. Her powerful advocacy of birth control gained on the one hand the support of a widening circle of converts who hailed her as a liberator; and on the other it incurred the hostility of ecclesiarchs and legislators. She was attacked in many pulpits and was several times imprisoned, her ardour being thereby intensified. During the inter-war years she tried to win over the confraternity (hesitating and aloof) of demographers.

She was the moving spirit in convening, in 1927, an important international conference on population. By then she had converted some Americans of substance who placed funds at her disposal; with these the Geneva conference was partly financed. But preliminary publicity was so well organized that a counter-movement was generated which resulted in Mrs. Sanger being consigned to the background of the conference. Pressures were applied to the controlling committee which laid it down that the conference was to be strictly "scientific" and that all "propaganda" should be ruled out of order. References (or even allusions) to the need for controlling fertility were liable to interpretation as propaganda so that the outcome of the conference was not quite what Mrs. Sanger had hoped. Nor did the depopulation scare, which spread nine years later, help her cause.

During the Second War we heard little of birth control. When first appointed, our Royal Commission on Population (1944-49) was more concerned with the prospect of falling than of rising numbers; and during the terminal war-year of rockets and flying bombs, rumours penetrated that Mrs. Sanger was seriously ill. I, for one, did not expect to see her again; nor did Maurice Newfield, then editor of *THE EUGENICS REVIEW*, who had kept in closer touch with her than I had done.

But Mrs. Sanger had a profound faith in herself. She said that, like a cat, she had many lives. She believed in her personal destiny: indeed she held herself to be a woman of destiny. Her destiny included her survival for as long as was necessary to complete the task she had

begun. Her faith in herself was justified by events, for it was in the post-war years that she made her second and more important impact.

The international birth control movement was her creation. Her plans for its development were influenced by two convictions. The first was that, though the United States might provide the main funds, the movement should not be centered in the New World. The headquarters, she believed and insisted, should be in London. It is now well known that this happened, though it is less well remembered how small were the beginnings. The Eugenics Society was sympathetic to the point of providing the embryo international body with its first modest headquarters office. The nascent movement, moreover, had a striking piece of luck—perhaps an instalment of its founder's destiny. Mrs. Vera Houghton became its first general secretary. During these early years nobody was better placed than myself to see with what effectiveness, harmony and mutual affection Mrs. Sanger and Mrs. Houghton worked together.

The second of Mrs. Sanger's convictions was that Asia should be made the spring-board for an international birth control movement. India and Japan were countries in which she was especially interested. It was in Bombay, during 1952, that the most brilliant and successful of the early post-war conferences on birth control was convened. This conference was the outcome of the co-operation between Mrs. Sanger and another woman—perhaps another woman of destiny—Lady Rama Rau.

Men and women of destiny are not always easy to work with. They do not lightly tolerate criticism or opposition. Mrs. Sanger knew this and on one occasion, when I was present, she demonstrated how she could curb herself. Conferences in Asia are expensive for Europeans. Travel grants are always in demand. Mrs. Sanger controlled a fund to meet this need and had a say in the allocations. Hence she could influence not only how the programme of a conference should be drawn up but also who should be present. Since there are usually more applicants than travel grants, awkward situations can arise. Protests may be uttered by those who feel that their claims have not been recognized. Such a protest was conveyed in writing to the organizers



of the Bombay conference. The wording of the protest was not entirely felicitous. The letter had to be conveyed to Mrs. Sanger, who took it badly. I recall the scene which was enacted during an informal meeting in her private suite at the Taj Mahal hotel. From a central position in the room she sat erect and motionless, dominating the group. Little outward expression was given to the indignation which was inwardly seething. During a discussion of the contents of the letter of protest, and of the activities of the organization on behalf of which the letter was written, I noticed that Mrs. Sanger's respirations were becoming deeper and more rapid. Then, choosing her moment, she delivered herself of the following words: "They should be thrown out". Consternation and crisis! The cutting pronouncement had important implications for the future; and none of those present had contemplated this disruptive step. Dissident opinions were tentatively expressed, and the text of the letter of protest was re-read. Again I noticed the change in respiration and again Mrs. Sanger repeated the five incisive words. They were, in fact, repeated three times and I could see that Mrs. Sanger's emotions rose and fell according to an inner rhythm. It finally became clear that no one else favoured expulsion; and then it was that Mrs. Sanger, perceiving the unanimity, applied the curb to herself. She accepted the majority view so that the protest was otherwise dealt with. The rift was later healed.

This receptiveness, sometimes linked with courage, was well demonstrated on another occasion at the conference in Bombay. Addressing a large meeting at an early session, Mrs. Sanger described how, some years before, she had met Mahatma Gandhi. She described him as "your great leader and to many the world's greatest saint". They had discussed birth control. Each had put his view and neither had made the slightest indentation on the convictions of the other. But they had parted on cordial terms, their respect for each other enhanced. No admirer of Gandhi, however fervid—and there were plenty of fervid admirers at this meeting—could have objected to what Mrs. Sanger said. Indeed the sustained applause suggested general admiration for the candour with which the

delicate subject had been broached. I was sitting next to her when she sat down.

"That was brave of you," I said.

"Gandhi is in everyone's mind here," she replied. "I had to take the bull by the horns at the first possible moment."

Mrs. Sanger was wonderfully responsive to her audiences. She could draw from them as much as she gave them. I have thrice heard grave misgivings expressed before public meetings as to whether Mrs. Sanger, frail and ill at the time, would be fit to appear. Yet she always appeared. Large assemblages acted on her like a tonic. She visibly drew strength and zest from the packed seats and galleries; and the iller she seemed beforehand the more triumphant was her performance.

Several books about her and by her have been written on which the historian can draw if he wishes. Her charm and warmth, to which I can testify, have been abundantly stressed. What I would particularly like to mention here is her power of strategical thinking. She saw how Asia, Europe and America could play different but complementary roles. This grand design, by no means obvious at the start, is now so taken for granted that it can easily be forgotten that Mrs. Sanger was its originator and architect.

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While this issue of the REVIEW was in the press the deaths occurred of three Fellows to each of whom the Eugenics Society owes much—Sir Alexander Carr-Saunders, Honorary Past President, whose links with the Society go back to 1912; Lady Lewis, who was elected to the Council in 1957, who was an active member of our Editorial Board and whose work for child care is well known; and Mr. Cecil Binney, Barrister-at-Law, who gave invaluable help in the early 1930s when the Eugenics Society was concerned with the question of the legality of voluntary sterilization. He served on the Council and acted as Honorary Librarian for many years up to 1959.

Tributes have been paid to them in the national press. Our March number will include appreciations of their work for eugenics and for the Eugenics Society.